

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90066 005 ***150.00

DOCUMENT # F97000006721

1. Entity Name
AMERICAN BUYING RETIREMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 330 WABASH AVE.. #2007 CHICAGO IL 60611	Mailing Address 330 WABASH AVE.. #2007 CHICAGO IL 60611-3603
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4034035	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHERIDAN, MARC	NAME			
STREET ADDRESS	1111 KANE CONCOURSE., SUITE 411	STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL 33154	CITY-ST-ZIP			
TITLE	EVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KURENSKY, BETH S	NAME			
STREET ADDRESS	330 N WABASH AVE STE 2007	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHERIDAN, ROBERT	NAME			
STREET ADDRESS	330 N WABASH AVE STE 2007	STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JARBOE, JOHN	NAME			
STREET ADDRESS	700 NEWPORT CTR., DRIVE 4TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEWPORT CA 92660	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZUCKERMAN, SOL	NAME			
STREET ADDRESS	2121 PONCE DE LEON., SUITE 1100	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other persons empowered.

SIGNATURE: *Sol Zuckerman* **2/8/2000** **305-867-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #